



REC 16-152

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

January 14, 2016

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

NHPUC 19JAN16PM2:54

Dear Ms Howland,

Enclosed please find applications for 12 systems to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion.

Electronic versions have been entered into the new online application system under batch number KN16007.

Michael Abbott
Doug Averill
Barrington Rollinsford Mill/Jack Bingham
Timothy Bohlin
Matt Boyer
Alan Brady

Derek Brown
George Chase
John Chirico Jr.
David Ciarla
Bruce Courtney
Shawn Hassell

Please feel free to contact me with any questions or further instructions.
Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

NH Public Utilities Commission

REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Basic Information

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN16007

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Jack Bingham

Facility Owner email

jack@barringtonpower.com

Owner Phone

603-973-9798

Facility Address

2 Front Street

Facility Town/City

Rollingsford

Facility State

NH

Facility Zip

03869

Is the facility address the same as the owner's mailing address

☐ Yes

☒ No

Mailing Address

PO BOX 738

Mailing Town/City

Barrington

Mailing State

NH

Mailing Zip

03825

Primary Contact (who should we call with questions)

Linda Modica

Contact Phone

Other Email Address

Facility Information

Class

II

Utility

Eversource

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

NON60096

Date of Initial Operation

11/05/2015

Facility Operator Name, if applicable

Panel Quantity

476

Panel Make

Astronenergy

Panel Model

Other

Panel Rated Output

260

System capacity based on panels

1.2376

Inverter Quantity

5

Inverter Make

Solar Edge

Inverter Rated Output

20000

Add'l Inverter Quantity

NA

Additional Inverter Make

None

Add'l Inverter Model

Rated Output - Primary Inverter

20000

Rated Output - Additional Inverter

System capacity based on single inverter make

10.00

System capacity based on two inverter types

System capacity in mW as stated on the interconnection agreement

100.0

Revenue Grade Meter Make

Irtton Centron

Was this facility installed directly by the customer (no electrician involved)?

☐ Yes

☒ No

Electrician Name & Number

David Ayer9340M

Other Electrician Name & Number

Installation Company

Seacoast Energy Alternatives, Inc.

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name & Company

Other Monitor Name and Company

Is the installer also the equipment supplier?

- ☒ Yes
☐ No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here


https://fs30.formsite.com/jan1947/files/f-5-168-5883027_QsAgcUmH_Barrington_Rollinsford_Mill_CO

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-5883027_ibu2lCwe_Barrington_Rollinsford_Mills_NH

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Linda Modica

Date Signed

01/14/2016

RECEIVED

JUN 04 2015

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

SESDEversource Application Project ID#: N3526**Contact Information:**

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Cutter Family PropertiesContact Person, if Company: Brian PellerinMailing Address: 2 Front StreetCity: RollinsfordState: NH

Zip Code: _____

Telephone (Daytime): _____

(Evening): _____

Facsimile Number: _____

E-Mail Address: brian@cutterfamilyproperties.com*BAMINGTON ROLLINSFORD
MILLS. NH***Alternative Contact Information (e.g., System installation contractor or coordinating company, if appropriate):**Name: Jack Bingham Seacoast Energy AlternativesMailing Address: P.O. Box 738City: BarringtonState: NHZip Code: 03825Telephone (Daytime): 603-973-9798

(Evening): _____

Facsimile Number: _____

E-Mail Address: jack@seacoastenergy.com**Electrical Contractor Contact Information (if appropriate):**Name: Ayer ElectricMailing Address: P.O. Box 674City: DurhamState: NHZip Code: 03824Telephone (Daytime): 603-868-6446

(Evening): _____

Facsimile Number: _____

E-Mail Address: ayerselectric@metrocast.net**Facility Site Information:**Facility (Site) Address: 3 Front StreetCity: RollinsfordState: NHZip Code: 03868

Electric

Service Company: EversourceAccount Number: 56903651073 ✓Meter Number: 539 003 544 ✓

Account and Meter Number: Please consult an actual Eversource electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the Eversource Work Request number.

Eversource Work Request # _____

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: _____

Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA
Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator: _____ Model Name & _____
Inverter Manufacturer: SolarEdge ✓ Number: SE20KUS ✓ Quantity: 5 ✓
Nameplate Rating: 20 (kW) _____ (kVA) 480 (AC Volts) Phase: Single ☐ Three ☒
Nameplate Rating: The AC Nameplate rating of the individual inverter.
System Design Capacity: 100 (kW) 100 (kVA) Battery Backup: Yes ☐ No ☒
System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐
Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____
✓ Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
✓ Yes ☒ No ☐
The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'

✓ Yes ☒ No ☐

Location of External Manual Disconnect Switch: TBD - LOCATION APPROVED BY EVERSOURCE
'EXTERIOR DISCONNECT AT GROUND LEVEL BY FRONT DOOR'

Project Estimated Install Date: 9/01/15

Project Estimated In-Service Date: 11/01/15

Interconnecting Customer Signature:

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions for Simplified Process Interconnections attached hereto:

Customer Signature: _____ Title: Manager Date: 9/3/15

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the Eversource meter socket. Applications without such a diagram may be returned.

For Eversource Use Only

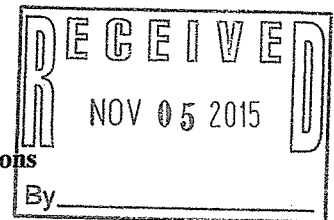
Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☐ No ☒ To be Determined ☐

Company Signature: Michael Mofha Title: SR. ENGINEER Date: 9/22/15

Eversource
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections



Installation Information: ☐ Check if owner-installed

Customer or Company Name (print): Cutter Family Properties
Contact Person, if Company: Brian Pellerin
Mailing Address: 2 Front street P.O. Box 190
City: Rollinsford State: NH Zip Code: 03869
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address: brian@cutterfamilyproperties.com

Facility Information: →

Eversource Meter # S39223544

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: 03824

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): Ayer Electric
Mailing Address: P.O. Box 874
City: Durham State: NH Zip Code: _____
Telephone (Daytime): 603-868-6446 (Evening): _____
Facsimile Number: _____ E-Mail Address: ayerelectricllc@metrocast.net
License number: 9340M

Date of approval to install Facility granted by the Company: 9/15/15

Eversource Application ID number: #N 3526

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of:

TEXNH City: ROLLINSFORD County: STRAFFORD

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: THOMAS L CLARK

Name (printed): THOMAS L CLARK Date: 11/5/2015

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B – Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.

Please remember to provide digital photos of the installation, including the AC disconnect switch (if required), the existing Eversource meter, the inverters, and the point of electrical interconnection.

Customer Signature: [Signature]

As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Jack Bingham

Printed Name of signature owner


Jack Bingham (Dec 14, 2015)

Signature of system owner

Town of Rollinsford
Building Permit Application

2015-071

Today's Date 9/21/15 Phone # 603-235-2882
Property Owners Cutter family Properties
Mailing Address _____
Property Location 3 front street
Name of Architect Jack Bingham - 978-9798 Electrician
Contractor Aya Electric Inc Plumber
NH 9340m Other _____

Purpose of Permit

New Building _____ Garage _____ Deck _____
Electrical Upgrade _____ Addition _____ Siding _____
Swimming Pool _____ Porch _____ Roof _____
Renovation _____ Shed _____ Barn _____
Demolition _____ Other Solar Array

Type of Construction Material

Foundation _____ Roof _____
Outside Walls _____ Chimney _____

Type of

Heat _____ Water Supply _____
Sewerage Disposal _____

Type of Structure

Single Family _____ Multi _____ Condo _____

Size in Square Feet

Building or Addition _____ Lot _____

Proposed Use

Residential _____ Commercial _____ Other _____
Agricultural _____ Industrial _____

Distance from Lot Line

of Stories _____

Estimated Value of Construction

107k

Fee

\$856 + \$25 = \$881

Date Paid

10/20/2015

Cash

Check #101

Received By AM

See Reverse Side for Fees

\$881.00

Permit Granted X

Permit Denied _____

Permit Expires

12/31/15

This permit may be cancelled for any deviation from the above types of Construction or Specifications.

Remarks or other requirements:

1) CONTACT BLDG INSP TOM CLARK @
438-5315 FOR REQUIRED INSPECTIONS

4/5/2015 FLOW INSP APPROVED Clark Bldg Insp

An Occupancy permit is required before occupying
a newly constructed home/apartment/condo. Please
call selectmen's office for an appointment.

Board of Selectmen

August M. Hurd
Roll

Joel Truitt Carron 10-5-15